

# ULCER, PEPTIC

(Duodenal Ulcer; Gastric Ulcer)



## BASIC INFORMATION

### DESCRIPTION

An ulcer is a small erosion in the gastrointestinal tract. The most common type, duodenal, occurs in the first 12 inches of small intestine beyond the stomach. Ulcers that form in the stomach are called gastric ulcers. An ulcer is not contagious or cancerous. They can affect all ages. Duodenal ulcers are almost always benign, while stomach ulcers may become malignant.

### FREQUENT SIGNS AND SYMPTOMS

- Pain that has the following characteristics:
  - A burning, boring or gnawing feeling that lasts 30 minutes to 3 hours. The pain is often interpreted as heartburn, indigestion or hunger.
  - Pain is usually in the upper abdomen, but occasionally below the breastbone.
  - Pain occurs in some persons immediately after eating; in others, it may not occur until hours later. It frequently awakens one at night.
  - Pain comes and goes. Weeks of intermittent pain may alternate with short pain-free periods.
- Pain may be relieved by drinking milk, eating, resting or taking antacids.
- Appetite and weight loss (with duodenal, may be weight gain, as person eats more to ease discomfort).
- Recurrent vomiting.
- Blood in the stool.
- Anemia.

### CAUSES

Almost all ulcers are caused by either non-steroidal anti-inflammatory medicines, an infection with *Helicobacter pylori* bacteria, or excessive acid secretion; they do not appear to be caused by stress or anxiety.

### RISK INCREASES WITH

- Family history of ulcers.
- Smoking.
- Excess alcohol consumption (possibly).
- Use of nonsteroidal anti-inflammatory medications (e.g., aspirin).
- Fatigue or overwork.
- Improper diet, irregular mealtimes and skipped meals.
- Type O blood (for duodenal ulcers).

### PREVENTIVE MEASURES

Avoid as many risk factors as possible.

### EXPECTED OUTCOMES

Usually curable with lifestyle changes and medical treatment, but relapses can occur.

### POSSIBLE COMPLICATIONS

- Perforation (erosion of the ulcer through the intestinal wall) with consequent infection or bleeding into the abdomen.

- Hemorrhage into the intestine.
- Malignant change in an ulcer.



## TREATMENT

### GENERAL MEASURES

- Diagnostic tests may include laboratory blood and stool studies, endoscopy with biopsies to identify *H. pylori*, X-ray studies with barium meal and sometimes, mucosal biopsy (to rule out cancer).
- Hospitalization for complications such as bleeding ulcer or severe perforation or obstruction.
- Home care for most patients with medication, rest and life-style changes.
- Stop your use of aspirin or nonsteroidal anti-inflammatory medications.
- Don't smoke. Get help in finding a smoking cessation program if necessary.
- Check your stool daily for bleeding. If the stool is black, remove it from the toilet and take a sample to the doctor's office for analysis.
- Surgery for some patients if there is sudden severe pain or other symptoms that suggest a perforation.
- Additional information available from the National Digestive Diseases Information Clearinghouse, Box NDDIC, Bethesda, MD 20892, (301) 468-6344.

### MEDICATIONS

- Antibiotics to eradicate *H. pylori* infection.
- Antacids to help neutralize excess stomach acid.
- H-2 blockers or proton pump inhibitors to reduce stomach acid (long-term therapy may be required for some patients).
- Medications to coat the ulcer area.

### ACTIVITY

Resume your normal activities as soon as symptoms improve.

### DIET

- Eat a balanced diet of 3 regularly scheduled meals a day.
- Avoid caffeine and any food that seems to make symptoms worse.



## NOTIFY OUR OFFICE IF

- You or a family member has symptoms of an ulcer.
- Vomiting begins that is bloody or looks like coffee grounds.
- Stool is bloody, black or tarry-looking.
- Diarrhea begins which may be caused by antacids.
- Pain is severe, despite treatment.
- You are unusually weak or pale.